

MONTANA FIRE PREVENTION LICENSURE PROGRAM

301 South Park Avenue
PO Box 200513
Helena Montana 59620-0513
Phone: 406-841-2350 Fax: 406-841-2050
E-MAIL: dlibsdfpl@mt.gov
WEBSITE: <http://www.fireprotectionlicense.mt.gov/>

APPLICATION PROCEDURES FOR:

BUSINESS ENTITY LICENSE

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 30 days for processing from the date that the Office has a complete routine application)

In accordance with Section 50-39-101, MCA, a person or entity shall obtain a license before engaging in the business of servicing fire extinguishers or before engaging in the business of selling, servicing or installing fire alarm systems, special agent fire suppression systems, or fire extinguishing systems.

The following information is required in order for your application to be processed:

- 1) Complete application with accurate information. Information provided must be legible, either printed in ink or typewritten. Incomplete or illegible applications will be returned to you.
- 2) Submit verification of liability insurance with limits as stated in **ARM 24.144.403**
 - (a) Prior to issuance of a license and annually thereafter the entity shall obtain, maintain in full force and file with the department a full term commercial general liability insurance policy from an insurance company authorized to do business in the state of Montana, submit verification of workers' compensation insurance.
 - (b) An entity engaging in the business of servicing fire extinguishers shall submit a copy of commercial general liability insurance with a minimum limit per occurrence of \$500,000 that includes premises/operations and products/ completed operations coverage.
 - (c) An entity engaging in the business of selling, servicing or installing fire alarm systems, special agent fire suppression systems or fire extinguisher systems shall submit a copy of commercial general liability insurance with a minimum limit per occurrence of \$1,000,000 that includes premises/ operations and products/completed operations coverage.
 - (d) Failure to maintain liability insurance required under this chapter constitutes grounds for denial, suspension or revocation of a license.
 - (e) Sole proprietors or working members of a partnership who are on file with the department of labor and industry as independent contractors, with no employees, need not submit workers' compensation but shall submit independent contractor exemption verification to the department.
- 3) Provide verification of workers' compensation. Sole proprietors or working members of a partnership, with no employees, need not submit workers' compensation, but shall submit a copy of independent contractor exemption verification.
- 4) The Application Fee is: \$300.00 (\$100.00 One-Time Processing Fee and \$200.00 Business Entity License Fee)

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APPLICATION FOR:

BUSINESS ENTITY LICENSE

License Fees: \$300.00 (\$100.00 Application Fee and \$200.00 Business Entity License Fee)

Type of Entity license applying for (check all that apply):

- ☐ Service fire extinguishers
- ☐ Sell, service or install fire alarm systems
- ☐ Sell, service or install special agent fire suppression systems
- ☐ Sell, service or install fire-extinguishing systems

Federal Identification Number _____

Legal Name of Business Entity _____

All trade names or business names used by the business: _____

Please indicate your preferred mailing address

- ☐ Home
- ☐ Business

Type of business entity:

- ☐ Sole Proprietorship
- ☐ Limited Partnership
- ☐ Corporate distribution centers for a multi-unit corporation

Business Owner Information

Name _____

Phone _____

Fax _____

Address _____

Zip Code _____

City, State _____

E-mail Address _____

Indicate below which is enclosed:

- ☐ Service Fire Extinguishers (commercial general liability with a minimum limit per occurrence of \$500,000 that includes premises/operation and products/completed operations coverage)
- ☐ Sell, service, or install fire alarm systems, special agent fire suppression systems or fire extinguishing systems /products/completed operations coverage)
- ☐ Verification of workers' compensation. (Sole proprietors or working members of a partnership, with no employees, need not submit workers' compensation, but shall submit a copy of independent contractor exemption verification.)

All applicants must answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a separate sheet of paper.

1. Has your company ever previously applied for a Montana fire licensure? If yes, attach a detailed explanation. ☐ Yes ☐ No
2. Has your company ever previously applied for a fire licensure in any other state? If yes, attach a detailed explanation giving name of state, date applied for and results. ☐ Yes ☐ No
3. Has your company ever been denied the right to hold a fire licensure in any state? If yes, attach a detailed explanation. ☐ Yes ☐ No
4. Has a licensing agency ever taken adverse or disciplinary action against your company license (certificate)? If yes, attach a detailed explanation. ☐ Yes ☐ No
5. Has your company license (certificate) ever been forfeited or surrendered? If yes, attach a detailed explanation. ☐ Yes ☐ No
6. Has a complaint ever been made against your company alleging unethical behavior or unprofessional conduct? If yes, attach a detailed explanation. ☐ Yes ☐ No
7. Has any legal or disciplinary action been filed against your company which relates to the propriety or your companies fitness to practice this profession? If yes, attach a detailed explanation. ☐ Yes ☐ No
8. Has your company ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which they were a member? If yes, attach a detailed explanation. ☐ Yes ☐ No
9. Has anyone in your company ever been charged with or convicted of a crime (including a plea of no contest or deferred prosecution) relating to, or committed during the course of your professional practice, involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending? They may omit: (1) traffic violations for which they paid a fine of \$100.00 or less and (2) charges or convictions prior to their 16th birthday. If yes, attach a detailed explanation. ☐ Yes ☐ No
10. Has your company ever been charged with fraud, formally or informally, in any civil proceeding? If yes, attach a detailed explanation. ☐ Yes ☐ No
11. Does anyone in your company have any physical or mental condition which has in the past three years adversely affected their ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. ☐ Yes ☐ No
12. Has anyone in your company, within the last three years, used alcohol or any other mood-altering substance in a manner which adversely affected their ability to practice this profession? If yes, attach a detailed explanation. ☐ Yes ☐ No
13. Does your company currently hold a fire license in Montana or another state? If yes, provide the following information: (Attach a supplement sheet if necessary). ☐ Yes ☐ No

List licenses from other jurisdictions:

State/Province/ Territory	License Number	Date Issued	Is it Current	Class/Type License

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Fire Prevention Licensing Program.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

Legal Signature of Applicant

Date

For a verification upon oath or affirmation

State of _____
(County) of _____

Signed and sworn to (or affirmed) before me on _____

by (Name(s) of person(s) making statement) _____

(Signature of Notarial officer)

(Seal)

Title (and Rank)

Residing at

[My commission expires: _____]